

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10705874
APPLICANT(S)

FILING DATE

5/29/10

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51	/			
2							52	/			
3			/				53	/			
4			/				54	/			
5			/				55	/			
6			/				56	/			
7			/				57	/			
8			/				58	/			
9			/				59	/			
10			/				60				
11			/				61				
12			/				62				
13			/				63				
14			/				64				
15			2				65				
16			/				66				
17			/				67				
18			4				68				
19			/				69				
20			/				70				
21			/				71				
22			4				72				
23			4				73				
24			4				74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87	/			
38							88				
39							89				
40			/				90	/			
41			/				91				
42			/				92				
43			/				93				
44			/				94				
45			/				95				
46			/				96				
47			/				97				
48			/				98				
49			/				99				
50			/				100				
TOTAL IND.							TOTAL IND.	9			
TOTAL DEP.							TOTAL DEP.	47			
TOTAL CLAIMS							TOTAL CLAIMS	47			